

**NC DIVISION MH/DD/SAS
CAP WAIVER REVIEW TOOL
2012
AUDITOR GUIDELINES**

Q1 – MR2:

Initial Plans: The LME shall co-sign a completed MR2, signed by either the physician or a licensed clinical psychologist.

Annual Plans/CNRs: Clinical Coverage 8M 3.2.6 Criteria and Documentation Requirements for Annual Re-evaluation.

Either the Qualified Professional, a physician, or a licensed psychologist shall complete and sign a new MR2. The LME staff shall also sign the MR2.

Review the MR2 for the appropriate signatures:

- ***For initial plans a representative of the LME shall co-sign a completed MR2, signed by either the physician or a licensed clinical psychologist.***
- ***For CNRs a representative of the LME shall co-sign a completed MR2, signed by the Qualified Professional.***

Ratings:

- If the MR2 is signed by the LME and either the physician/psychologist (Initial Plans) or Qualified Professional (CNR's) rate the item "4".
- If the MR2 is missing one appropriate signature rate the item "0".

Q2 – DD DIAGNOSIS:

To be Medicaid certified at the ICF-MR level of care, the individual shall require active treatment necessitating the ICF-MR level of care and shall have a diagnosis of mental retardation or a closely related condition.

Review item #17 on the MR2 for a MR diagnosis or closely related condition

Ratings:

- If the MR2 indicates a MR diagnosis or closely related condition rate, the item "4".
- If the MR2 does not indicate a MR diagnosis or closely related condition, rate the item "0".

Q3 – PSYCHOLOGICAL EVALUATION:

For all individuals within the developmental disability target population, the case manager shall obtain and submit a psychological evaluation or update that includes a cognitive and adaptive behavior assessment.

Review the chart to determine whether a Psychological Evaluation is present or not.

Ratings:

- If the Psychological Evaluation or update is in the chart rate the item "4".
- If the Psychological Evaluation or update is missing from the chart, rate the item "0".

Q4 – CNR PROCESS:

The CNR (continued need review) is the process of developing the individual's person centered plan. For CAP-I/DD participants, the Person Centered Plan should be reviewed every year prior to the individual's birthday month. This process is to have been completed by the end of the individual's birth month (i.e. If you were born on September 15th, your CNR process needed to be completed by September 30th).

Review the PCP for dated signatures of the QP and the legally responsible person.

Ratings:

- If signatures are prior to or on the last day of the birth month, rate the question a "4".
- If signatures are after the last day of the birth or there are no signatures, rate the question a "0".

Q5 – COST SUMMARY:

The cost summary must match all waiver services that are reflected in the Person Centered Plan and cover a 12 month period.

Review the Cost Summary. All waiver services identified in the PCP should be identified on the Cost Summary.

Ratings:

- If the cost summary reflects the services addressed in the PCP, rate the question a “4”.
- If the cost summary partially identifies the services addressed in the PCP, rate the question a “2”.
- If the cost summary does not reflect the services addressed in the PCP, or there is no Cost Summary present, rate the question a “0”.

Q6 – CHOICE OF SERVICES:

Case Managers are responsible for informing the person/guardian/LRP of the choice between CAP-I/DD and ICF-MR placement. The choice is documented by the person/guardian/LRP signing the choice statement on the PCP signature page. No other form or wording may be used.

On the signature page of the PCP, there are several statements that require a checkmark and signature to indicate they have read/agreed to the information noted.

Review the signature page to ensure that the legally responsible person has checked the box indicating that they understand that they have a choice of seeking services in an ICF-MR facility instead of CAP waiver services and have signed in the appropriate place.

Ratings:

- If the LRP has checked the box and signed the form, rate this question a “4”.
- If either or both elements above are missing, rate this question a “0”.
-

Q7 – CHOICE OR PROVIDERS:

CAP-I/DD participants must be offered choice in the selection of provider agencies. On the signature page of the PCP, there are several statements that require a checkmark and signature to indicate they have read/agreed to the information noted.

Review the signature page to ensure that the legally responsible person (LRP) has checked the box indicating that they understand that they have a choice of service providers and have signed in the appropriate place.

Ratings:

- If the LRP has checked the box and signed the form, rate this question a “4”.
- If either or both elements above are missing, rate this question a “0”.

Q8 – BACK UP PLAN:

The PCP must clearly address needs related to health and safety, as well as how they will be addressed. This includes crisis planning, both proactive and reactive, ***as well as identified back up staff in case of emergencies*** and incorporation of areas identified in the Risk Assessment Process.

Review the client record and determine if a Crisis Plan or PCP identify the process for obtaining back up staff in case of emergencies. This includes names and telephone numbers.

Ratings:

- If a current backup plan with names and telephone numbers is present, rate the question a “4”.
- If a current backup plan without either the names and/or telephone numbers is present, rate the question a “2”.
- If there is no current backup plan present, rate the question a “0”.

Q9 – Medication Review:

If the client receives psychotropic drugs, a review of each individual’s drug regimen is required at least every 6 months. The review is performed by a pharmacist or physician. The findings of the drug regimen review shall be recorded in the client record.

- **Rating:**
 - 4 = individual prescribed psychotropic drugs and a current drug review by a pharmacist or physician is documented in the client record.
 - 0 = individual prescribed psychotropic drugs and no current drug review is documented in the client record.
 - 9 = individual not prescribed any psychotropic drugs.

Q10 – RISK IDENTIFICATION TOOL:

The implementation of the use of the Risk Identification Tool began with Person Centered Plans due to be submitted in June 2009 for July birthdays. The Risk Identification Tool is completed at least annually and must be signed by all individuals participating in the process.

Review the client's record and determine if a current Risk Identification Tool is present.

Ratings:

- If a current Risk Identification Tool with signatures is present, rate the question a "4".
- If a current Risk Identification Tool without signatures is present, rate the question a "2".
- If there is no current Risk Identification tool present, rate the question a "0".

Q11 – HEALTH AND SAFETY ISSUES:

The PCP must clearly address needs related to health and safety, as well as how they will be addressed. This includes crisis planning, both proactive and reactive, as well as identified back up staff in case of emergencies and incorporation of areas identified in the Risk Assessment Process.

Review the health and safety issues noted on the Risk Identification Tool and determine if they were addressed within the PCP.

Ratings:

- If the health and safety issues noted on the risk identification tool are adequately addressed in the PCP, rate the question a "4".
- If they are not fully addressed or some are not noted/addressed, rate the question a "2".
- If the health and safety issues are mostly ignored or not addressed, rate the question a "0".

Q12 – PCP REFLECTS NEEDS AND PREFERENCES:

Person-centered planning uses a blend of paid and unpaid, natural and public specialty resources uniquely tailored to the participant's and family's needs and desires. It is important for the person-centered planning process to explore and utilize all such resources.

Review the PCP to determine the expressed/noted needs and preferences of the individual. You may also review assessments and other documents related to the development of the PCP to determine needs/preferences.

Ratings:

- If the needs/preferences are adequately addressed in the PCP, rate the question a "4".
- If needs/preferences are not fully addressed or some are not noted/addressed, rate the question a "2".
- If the needs/preferences are mostly ignored or not addressed, rate the question a "0".

Q13 – CRISIS PLAN:

The PCP must clearly address needs related to health and safety, as well as how they will be addressed. ***This includes crisis planning, both proactive and reactive,*** as well as identified back up staff in case of emergencies and incorporation of areas identified in the Risk Assessment Process.

Review the client record and determine if a Crisis Plan was completed as either a part of the PCP format or a standalone document.

Ratings:

- If the Crisis Plan was completed, rate this question a "4".
- If the Crisis Plan was completed, but weak, rate this question a "2".
- If the Crisis Plan was not completed, rate this question a "0".